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Software Registration Card

To create the best software to meet your needs, we need to hear from you. Please take a moment to complete and return this registration card. By doing so, you will automatically receive our catalogs and product update information free of charge.

NAME _____ PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Name of program: _____ Date Purchased _____

Computer model: _____

Age of student(s) using program: _____ For use at: ❑ Home ❑ School ❑ Both

Store where purchased: _____

City: _____ State: _____

Comments: _____

_____

How would you rate this program? 1(poor) 2 3 4 5 6 7 8 9 10 (excellent)